

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line IPEA/ US

PCT

DEMAND

CHAPTER II

3047 Rec'd PCT/PTO 25 APR 2001

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA

/us

IPEA/US 25 APR 2001

(25-04-01)

Date of receipt of DEMAND

Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference
International application No. PCT/US00/25610	International filing date (day/month/year) 19 September 2000 (19.09.00)	(Earliest) Priority date (day/month/year) 28 September 1999 (28.09.99)
Title of invention		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) INCYTE GENOMICS, INC. 3160 Porter Drive Palo Alto, California 94304 United States of America		Telephone No.: (650) 855-0555
		Facsimile No.: (650) 845-4166
		Teleprinter No.:
State (that is, country) of nationality: US	State (that is, country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HODGSON, David M. 2795 Windwood Drive, #165 (current address) Ann Arbor, Michigan 48105 United States of America		
567 Addison Avenue (old address) Palo Alto, California 94301 United States of America		
State (that is, country) of nationality: US	State (that is, country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) LINCOLN, Stephen E. 725 Sapphire Street Redwood City, California 94061 United States of America		
State (that is, country) of nationality: US	State (that is, country) of residence: US	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

RUSSO, Frank D.
939 Rosette Court (current address)
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State (that is, country) of nationality:
US

State (that is, country) of residence:
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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SPIRO, Peter A.
410 Sheridan Avenue, #333 (current address)
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3875 Park Boulevard, Apt. B16 (old address)
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State (that is, country) of nationality:
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BANVILLE, Steven C.
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State (that is, country) of nationality:
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State (that is, country) of residence:
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United States of America

State (that is, country) of nationality:
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State (that is, country) of residence:
US



Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

DUFOUR, Gerard E.
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State *(that is, country)* of residence:
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COHEN, Howard J.
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State *(that is, country)* of nationality:
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Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

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State *(that is, country)* of nationality:
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859 Salt Lake Drive
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State *(that is, country)* of nationality:
IN

State *(that is, country)* of residence:
US



Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHALUP, Michael S.
183 Acalanes Drive, Apt. 6
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State (that is, country) of nationality:
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State (that is, country) of residence:
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HILLMAN, Jennifer L.
230 Monroe Drive, #17
Mountain View, California 94040
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State (that is, country) of nationality:
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State (that is, country) of residence:
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

JONES, Anissa Lee
445 South 15th Street
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State (that is, country) of nationality:
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YU, Jimmy Y.
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State (that is, country) of nationality:
US

State (that is, country) of residence:
US



Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

GREENAWALT, Lila B.
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State *(that is, country)* of residence:
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571 Bobolink Circle (current address)
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Sunnyvale, California 94087
United States of America

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

ROSEBERRY, Ann M.
725 Sapphire Street
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State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
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Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

WRIGHT, Rachel J.
333 Anna Avenue
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State *(that is, country)* of nationality:
NZ

State *(that is, country)* of residence:
US



Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

CHEN, Wensheng
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CN

State *(that is, country)* of residence:
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LIU, Tommy F.
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Daly City, California 94014
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134

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

YAP, Pierre E.
201 Happy Hollow Court
Lafayette, California 94549-6243
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State *(that is, country)* of nationality:
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State *(that is, country)* of residence:
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STOCKDREHER, Theresa K.
1596 Ontario Drive, #2
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United States of America

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US



Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s) /common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official
 The address must include postal code and name of country.)

HAMLET-COX, Diana; BILLINGS, Lucy J.; CERRONE, Michael; MURRY, Lynn E.; STREETER, David G.; SATHER, Susan K.; WANG, Peng Ben; TURNER, Christopher; KASER, Matthew R.
 Incyte Genomics, Inc.
 3160 Porter Drive
 Palo Alto, California 94304
 United States of America

Telephone No.:
 (650) 855-0555

Facsimile No.:
 (650) 845-4166

Teleprinter No.:

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination **to start on the basis of:**

the international application as originally filed.

the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. The applicant wishes the start of the international preliminary examination **to be postponed** until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

1. translation of international application	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
2. amendments under Article 34	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
3. copy (or where required, translation) of amendments under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
4. copy (or, where required, translation) of statement under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
5. letter	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
6. other (specify)	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>

For International Preliminary
Examining Authority use only

received not received

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	4. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> separate signed power of attorney	5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form
3. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	6. <input checked="" type="checkbox"/> other (specify): Postcard; Associate Power of Atty.

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Diana Hamlet-Cox

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:	JC17 Rec'd PCT/PTO 25 APR 2001 (25-04-01)
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):	
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.	<input type="checkbox"/> The applicant has been informed accordingly.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.	
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.	

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

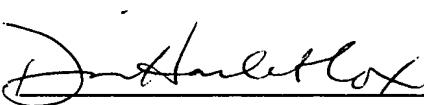
Annex to the Demand for international preliminary examination

International application No.	PCT/US00/25610	For International Preliminary Examining Authority use only
Applicant's or agent's file reference	PT-1087 PCT	Date stamp of the IPEA (25-04-01)
Applicant INCYTE GENOMICS, INC.		
Calculation of prescribed fees		
1. Preliminary examination fee	750.00	P
2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)	137.00	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	887.00	
	TOTAL	
Mode of Payment		
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	

Deposit Account Authorization (this mode of payment may not be available at all IPEAs)

The IPEA/ US is hereby authorized to charge the total fees indicated above to my deposit account.

(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

09-0108	25 April 2001	
Deposit Account Number	Date (day/month/year)	Signature